NOSE AND ACCESSORY SINUSES.

Johnston, R. H.—*The Treatment of Chronic Antrum Disease.* "Boston Med. and Surg. Journ.," June 6, 1907.

The author distinguishes between empyema of the antrum and chronic sinusitis. In the former the removal of a diseased tooth will be sufficient to bring about a cure by drainage. Without considering the radical operation, he discusses the relative advantages of the alveolar and intra-nasal methods of treatment. The author prefers to operate under cocaine and adrenalin; he removes the anterior end of the inferior turbinal and trephines obliquely beneath that body. Through the trephine hole curetting can be carried out and applications made. He has obtained the best results with occasional curetting and persistent washings with mild antiseptic solutions. *Macleod Yearsley.*

Pasch (Belzig).—*Foreign Bodies in the Nose as the result of Accident.* "Münch. med. Woch.," August 6, 1907.

A workman was pulling a chain, which broke. He felt a blow on the nose and a sensation as if he had lost some teeth. His nose was cut, and blood ran from the nostril. It was found at the end of two weeks that there was a link of a chain in his right nostril, whose presence there was not suspected, the only nasal symptom being obstruction. The question arose as to whether the link had been snuffed into the nose or had rebounded into it after striking the ground. *Dundas Grant.*

LARYNX.

Somers, L. S.—*The Aural and Laryngeal Complications of Typhoid Fever.* "Therapeutic Gazette," June, 1907.

The majority of typhoid patients presenting laryngeal complications have superficial ulceration, limited in area and healing without trouble. Its frequency varies from 1·5 to 29 per cent. according to the virulence of the epidemic. The serious complications—œdema, perichondritis, stenosis, and abscess formation—are discussed.

The ear is involved sufficiently to call for active treatment in 2 to 4 per cent. of cases, but, undoubtedly, changes of minor grade occur. Usually the ear complications are the result of extension up the Eustachian tube from the naso-pharynx. They may be simple congestion, catarrhal exudation, or purulent otitis media, with the attendant complications and sequelæ.

External ear complications are rare, but furunculosis may occur. Middle ear suppuration usually develops during the fourth or fifth week. The early development of mastoid trouble is characteristic.

In patients with marked stupor the ears should be carefully examined. *Macleod Yearsley.*

EAR.

Voss, F.—*On Non-interference with the Thrombus in Cases of Lateral Sinus Thrombosis.* "Zeitsch. f. Ohrenheilk.," vol. liii, part iv, 1907.

In cases of sinus thrombosis following an acute otitis which has already resolved the author advises a direct exposure of the sinus, in all

other cases a preliminary antrectomy or a radical mastoid operation. Any unnecessary handling, *i. e.* palpation of the exposed sinus, is harmful. The various forms of bone forceps used are dangerous; less injury is likely to be caused if one uses the gouge and mallet. When suspicion of sinus thrombosis exists, expose the sinus and test with aspiration needle; if diagnosis confirmed first ligate the jugular vein in the neck and then proceed to the full exposure of the sinus, following it 1 cm. into healthy part peripherally and into the neighbourhood of the jugular foramen centrally. The writer regards the practice of clearing out the thrombus from the sinus as an unnecessary interference because complete clearance of the septic material is impossible; the operation may occasion severe hæmorrhage with consequent collapse, and it is quite possible to injure the brain with the sharp spoon.

The procedure recommended is to incise the sinus wall within ½ cm. of the end of the thrombus and then to cut away the whole of the outer sinus wall with scissors. The thrombus is left, but there is now free outlet for any infected matter, a gouge drain is laid over the area and, in some cases, the skin wound partially sutured; finally, do not perform too frequent dressings. Statistics are given to show that the following out of the above principles has been very successful when compared with other methods. *Lindley Sewell.*

Lange, W.—*An Examination of the Auditory Apparatus in a Man dying from Fracture of the Base.* "Zeitschr. f. Ohrenh.," vol. liii, part I, 1907.

The course of the fracture was through the petrous portion of the temporal bone, appearing on its anterior surface in a line about parallel to its superior border. Examination of a series of sections revealed, in the external auditory canal, many fissures running upwards and inwards, its lumen containing blood-clot, with epidermic scales and a certain amount of round-celled infiltration about the clot. The membrane was torn irregularly in its superior part. The malleus and incus were dislocated outwards, but the stapes were intact, as also the membrane of the round window. The lumen of the middle ear was filled with blood-clot and inflammatory exudate. The labyrinthine capsule was quite intact, and although the preparations did not show the condition of the membranous labyrinth very well, neither in the peri-lymphatic nor the endo-lymphatic spaces was there any free blood. The auditory nerve, both cochlear and vestibular branches, was torn across at the bottom of the internal auditory meatus, the interstices of the torn nerve-bundles being filled with blood-corpuscles and round cells. In the region of the tear the nerve-fibres showed no change when compared with those in the intact part of the nerve; somewhat centrally from this was a circumscribed collection of corpora amylacea.

The facial nerve was quite intact, this fact probably being due to its being tougher than the auditory. The writer regards the presence of the "amylaceous bodies" as the result of some post-mortem injury. Some excellent plates illustrating the conditions found are given.

Lindley Sewell.

Sidley, T. K. (Peoria).—*Otitic Brain Abscesses.* "Med. Record," July 20, 1907, p. 122.

The author considered that surgical interference in brain complications due to ear disease was unsatisfactory in a large proportion of cases,

chiefly because the symptoms and serious condition were not recognised until the focal symptoms had become established and the meninges were involved. Brain abscesses had an unknown beginning and many developed from diseases of the tympanic cavity that were regarded as simple and not serious. The deduction was that all cases of suppuration of the middle ear should be considered serious and should be treated without delay. *Lauzun-Brown.*

Hechinger, Julius. — *Noma of the Ear.* "Arch. f. Ohrenheilk.," Bd. 70, Heft 1 and 2, p. 7.

The patient was a rickety child, aged two, the subject of chronic suppuration in both ears. Following upon an attack of measles and while the rash was still out, the left side of the face became swollen and œdematous. A day or two later gangrene of the soft tissues under the left auricle appeared, and gradually spread to the adjoining regions of the cheek, neck, mastoid, and auricle. Death occurred within a week of the first appearance of the gangrene.

In addition to the necrosed area under the ear, the autopsy revealed thrombosis of the left superior petrosal, left sigmoid, and superior longitudinal sinuses, together with purulent pachy- and lepto-meningitis in the neighbourhood of the left petrous bone. Microscopical examination showed the dead and the living tissues to be interpenetrated by three distinct micro-organisms: a coccus, a curved bacillus, and a very fine thread-like organism. This last, which is classified by Perthes as a streptothrix, is looked upon by that observer as the prime cause of noma. Growing in the living tissue the thread-forms surround and kill the tissue-cells and so induce gangrene. For the development of the organism a combination of three factors is necessary: (1) a depression in vital nutrition, (2) the period of childhood, and (3) the recent recurrence of an exanthem-like measles. *Dan McKenzie.*

Clinical Society of the Brussels Hospitals, July 13, 1907.—*Wound of the Meninges, of the Brain, and of the Left Lateral Ventricle by a Foreign Body having penetrated the Ear; Meningitis; Trepanning; Cure.*

Dr. Hamaide showed a boy, aged eleven, into whose left ear, on May 18 last, one of his comrades had thrust the whalebone of an umbrella. On May 21 the wounded child attended the out-patient department of M. Cheval with symptoms of well-defined meningitis. Examination of the left auditory canal revealed that the tympanum was intact, but that the epitympanum was perforated. M. Cheval saw him again on May 25. He then made a large opening in the bone of the superior wall of the canal and of the roof of the tympanic cavity. At this level a perforation was found corresponding to a breach of the dura mater; a grooved cannula penetrated without force some centimetres into the brain, which was in hypertension, and did not beat. A thrombosed vein of the dura mater was apparent; near the end of the petrous bone there was a large patch of pachymeningitis, where was a quantity of liquid, which was liberated. M. Cheval sought in vain, through the fistula in the dura, for pus. He then punctured the left lateral ventricle, from which immediately flowed a turbid liquid. At the same time the hypertension of the cerebral mass disappeared. The fistulous passage of the brain was then drained by means of a strip of iodoform gauze, reaching

into the ventricle. The dressing was lightly compressive. On May 26 the fever fell. The child recovered completely. Analogous cases are excessively rare. A case is known of a wound of the labyrinth by an *eclat de fonte* having traversed the tympanum and causing a fatal meningitis. Another analogous case of fatal meningitis is related of a workman who accidentally forced the stem of a pipe into the tympanic cavity. *Lauzun-Brown.*

Randall, A. (Philadelphia).—*Dionin in Chronic Catarrhal Deafness.* "Arch. of Otol.," vol. xxxvi, Nos. 1 and 2.

Thiosinamine and fibrolysin have not given good results in the writer's practice, and he advises dionin on account of its value in causing absorption of plastic products in the eye. A 5 per cent. solution causes little irritation if blown up through the Eustachian catheter.

Dundas Grant.

Spratt, C. N. (Minneapolis).—*Report of a Case of Lepto-meningitis, with Onset of Symptoms Sixteen Days after a Radical Operation, the Infection reaching the Meninges along the Facial Nerve.* "Arch. of Otol.," vol. xxxvi, Nos. 1 and 2.

Discharge remained for four months after an acute otitis, then otalgia, vertigo and facial paralysis supervened. Radical mastoid operation and Thiersch skin-grafting were performed. The after-course was satisfactory for sixteen days when headache with chills and continuous high temperature came on. The dura was exposed by operation and opened, but there were no signs of meningitis except injection of the vessels. Death took place and yellow exudation was found in the internal auditory meatus extending to the base and outer surface of the brain. The pneumococcus was found in sections and films.

Dundas Grant.

Lewis, R.—*A Case of Mastoiditis Complicated by Thrombosis of the Left Lateral Petrosal and Cavernous Sinuses.* "Arch. of Otol.," vol. xxxvi, Nos. 1 and 2.

The case simulated pneumonia, but rigor occurred with an oscillating temperature. Two days later there was tenderness of the mastoid extending downwards along the line of the internal jugular. Radical operation revealed thick malodorous pus and absolute obliteration of the sigmoid sinus. The writer exposed the sinus half-way towards the torcular and curetted it, and then removed the internal jugular vein. There was no clot, but the walls were infected with streptococci. Three days later the conjunctiva was swollen and congested, suggesting cavernous sinus thrombosis. The opposite lateral sinus was then explored. There was no clot but the flow of blood was scanty. The patient died suddenly an hour after being returned to the ward. The writer thought he had dislodged a clot in the second sinus and that before curetting he ought to have ligatured the jugular vein. *Post mortem* a large thrombus was found in the right auricle extending into the ventricle. Most of it was dense and white. The cause of death was really cardiac thrombosis, not embolism. *Dundas Grant.*